



Form approved
OMB No. 3206-0142

Designation of Beneficiary

Civil Service Retirement System

Important:
Read all instructions
before you use this form.

A. Identification

Name (last, first, middle) Ramey, Shelton Douglas	Date of birth (mm/dd/yyyy) 06/11/	Social Security Number
Place an "X" in the block that applies to you. <input type="checkbox"/> An employee <input type="checkbox"/> Retired or an applicant for retirement <input type="checkbox"/> Former employee eligible for retirement in the future		If you are retired, give your claim number. CSA
Department or agency in which presently employed (or former department or agency):		
Department or agency US Postal Service	Bureau	Division Mid-Carolinas District
		Location (city, state and ZIP code) Fayetteville, NC 28301

I, the person identified above, designate the beneficiary or beneficiaries named below to receive any lump-sum benefit which may become payable under the Civil Service Retirement System (CSRS) after my death. I understand that this designation of beneficiary will not affect the rights of any survivors who may qualify for annuity benefits after my death, cancels any previous designation of beneficiary, and remains in effect until I cancel it in writing.

I direct, unless otherwise indicated below, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or who may be disqualified for any other reason shall be distributed equally among the stated beneficiaries or entirely to the survivor. If none of the beneficiaries are alive and eligible to receive payment when a lump sum becomes payable, this designation is void and payment will be made according to the order of precedence set by law.

B. Information Concerning The Beneficiaries (See Examples on the reverse of Part 1. Type or print clearly.)

First name, middle initial, and last name of each beneficiary ❶	Address (including ZIP code) of each beneficiary ❷	Relationship to you ❸	Share to be paid to each beneficiary
Veda M. Ode	506 South Fork Rd. Marion, VA 24354	Friend	100%
Date of designation (mm/dd/yyyy) 12-19-18 12-19-2018			Shares designated must equal 100%.
Your signature 			

C. Witnesses (A witness is not eligible to receive payment as a beneficiary.)

We, the undersigned, certify that the person identified in A. above signed in our presence.

Signature of witness 	Address (including ZIP code) 19839 Alpine Dr. Lawrenceburg, TN 47025
Signature of witness 	Address (including ZIP code) 19839 Alpine Dr Lawrenceburg, TN 47025

- ❶ We will pay to the person you designate, even if that person's name or relationship to you changes after you file this designation. For example, suppose you designate your spouse and then you two divorce and you marry someone else. We will pay any lump sum to your former spouse unless you submit another designation to cancel prior designations or to designate who we are to pay.
- ❷ We will write to the address you provide here to contact the person you designate. However, that person is obligated to get in touch with us after your death to ask us to make payment.

Type or print your return address so that we can return a copy for your file.

Shelton Ramey
7010 Davis Ferry Rd
London, TN 37774-4316

Your designation is not effective until OPM receives and certifies it. Mail both copies of your designation of beneficiary to:

U.S. Office of Personnel Management
Retirement Operations Center
P.O. Box 45
Boyers, PA 16017-0045

Return 1 22 6201 8



Designation of Beneficiary
Federal Employees' Group Life Insurance (FEGLI) Program
(DO NOT erase or cross-out. Use a new form.)

Form Approved
OMB No. 3206-0136

Important:
Read instructions on the
Back of Part 2 before completing this form.

A. Information About the Insured (not the Assignee, if there is one) (type or print)

Name of Insured (Last, first, middle) Ramey, Shelton Douglas		Date of birth of Insured (mm/dd/yyyy) 06/11/	Social Security Number of Insured
The Insured is: Place an "X" in the appropriate box.	<input checked="" type="checkbox"/> an employee	If the Insured is retired or receiving Federal Employees' Compensation, give CSA, CSI, or OWCP claim number.	
	<input type="checkbox"/> a retiree		
	<input type="checkbox"/> a compensationner		
Department or agency where the Insured works (If retired, last department or agency where the Insured worked): Department or agency: U.S. Postal Service Bureau or division: Mid-Carolinas District Location (city, state, and ZIP code): Fayetteville, NC 28301			

B. Information About the Beneficiary or Beneficiaries (See Back of Part 1 for examples) (type or print)

First name, middle initial, and last name of each beneficiary	Social Security Number	Address (including ZIP code)	Relationship	Percent or fraction designated
Veda M. Odle	233-98-2822	506 South Fork Rd. Marion, VA 24354	Friend	100%
Total (Must equal 100% or 1.0) (Do not use dollar amounts)				
(Do not put a Total if you designated types of insurance. See example 4 on Back of Part 1.)				

C. Statement of Insured or Assignee (type or print)

Your name and address (including ZIP code) Shelton Douglas Ramey 7010 Davis Ferry Rd. London TN 37774	Please check one: I am: <input checked="" type="checkbox"/> the Insured <input type="checkbox"/> an Assignee See Back of Part 2 for definitions	Please check all three: <input checked="" type="checkbox"/> I have not assigned the insurance. <input checked="" type="checkbox"/> Two people who witnessed my signature signed below. <input checked="" type="checkbox"/> I did not name either witness as a beneficiary.
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I understand that if there is a valid assignment on file, only the assignee has the right to designate a beneficiary. If a valid assignment is not on file, but there is a valid court order on file with the agency or the U.S. Office of Personnel Management, as appropriate, any designation I complete for the same benefits is not valid.

I understand that if this Designation is valid, it will stay in effect unless it is canceled. (See "When Is A Designation Canceled?" on the Back of Part 2.)

I understand that if this Designation is invalid for any reason, the Office of Federal Employees' Group Life Insurance will pay benefits according to the next most recent valid designation. If there isn't one, it will pay according to the order listed on the Back of Part 2.

I am canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program and am now designating the beneficiary(ies) named above.

Signature of Insured/Assignee (Only the Insured/Assignee may sign. Signatures by guardians, conservators or through a power of attorney are not acceptable.) This form is not valid unless the Insured/Assignee signs in this box.

Date (mm/dd/yyyy)

12/19/2018

D. Witnesses To Signature (A witness is not eligible to receive a payment as a beneficiary.)

Signature of witness 	Address (including ZIP code) 19839 Alpine Dr. Lawrenceburg, IN 47025
Signature of witness 	Address (including ZIP code) 19839 Alpine Dr. Lawrenceburg, IN 47025

E. For Agency Use Only (or OPM, as appropriate)

Receiving agency	Date of receipt (mm/dd/yyyy)	Signature of authorized official	Title
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